

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn
 Township Brookfield
 City Elisha

Registration District No. 307 496
 Primary Registration District No. 3075
3660

38444
 File No. 94
 Registered No. 94
 St. Mo. Ward)

2. FULL NAME

Elisha L. Carter

(a) Residence, No.

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 - 1863

7. AGE YEARS 73 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Coal Mines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

13. NAME

E. L. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME

Melvina Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT

Mrs. Pearl Davis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE Oct 13, 1937

19. UNDERTAKER (ADDRESS) Hill Funeral Chapel
Brookfield Mo.

20. FILED

Nov 9, 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 11, 1937

22. Aug 28, 1937, to Oct 11, 1937
 I last saw him alive on Oct 9, 1937. Death is said to have occurred on the date stated above, at 1300 m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocardial Degeneration with Atherosclerosis Date of onset Unknown

Other contributory causes of importance:

Chr. Tubercular Degeneration Unknown

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

J. Sammons M. D.
Brookfield Mo

